## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection** 

		Identification Information										
For calendar	olan year 2018 or fis	scal plan year beginning 01/01/2	/2018		and ending 12	2/31/20	18					
A This return	n/report is for:	a single-employer plan			in (not multiemployer) ( ployer information in ac		-					
		a one-participant plan	a foreign plan					,				
<b>B</b> This return	report is											
		an amended return/report	a sh	nort plan year return	return/report (less than 12 months)							
C Check box	if filing under:	Form 5558	aut	omatic extension		DF\	/C program					
		special extension (enter desc	cription)									
Part II	Basic Plan Info	rmation—enter all requested in	nformatio	n								
1a Name of						1b -	Three-digit					
		K) PROFIT SHARING PLAN				ı	plan number (PN)	001				
						1c Effective date of plan 01/01/1970						
<b>3</b> 0 Diameter		(1.6				Ol- i						
Mailing a	ddress (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		(if foreign, see instru	uctions)	<b>2b</b> Employer Identification Number (EIN) 84-0329890						
STONEHOUSE		c, country, and 211 of foreign post	star code (	(ii foreign, acc instit	actions)	2c S	Sponsor's telep 303-422					
						2d [	Business code (	(see instructions)				
5550 W 60TH A ARVADA, CO 8							3399	000				
ARVADA, CO 0	0003											
3a Plan adm	inistrator's name ar	nd address X Same, as Plan Sno	nsor			<b>3b</b> Administrator's EIN						
<b>3a</b> Plan administrator's name and address ∑ Same as Plan Sponsor.												
3c Administrator's						Administrator's	elephone number					
		e plan sponsor or the plan name h				4b	EIN					
this plan a Sponsor's		nsor's name, EIN, the plan name a	and the p	olan number from th	e last return/report.	4d PN						
C Plan Nam												
5a Total nur	nber of participants	at the beginning of the plan year.				5a		25				
		at the end of the plan year				5b	)	27				
		account balances as of the end of				5c		24				
<b>d(1)</b> Total r	number of active par	rticipants at the beginning of the p	olan year			5d(	-	19				
		rticipants at the end of the plan ye				5d(2	2)	19				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						. 5e		0				
		or incomplete filing of this retur										
SB or Schedu		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.										
		/valid electronic signature.	(	05/31/2019	JEFF STONE							
HERE	ignature of plan a	dministrator		Date	Enter name of individ	individual signing as plan administrator						
SIGN	_						-					
HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	lual siar	ning as emplove	er or plan sponsor				

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		`					. X Yes	No No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							. X Yes	No.
_	If the plan is a defined benefit plan, is it covered under the PBGC in							☐ Not dete	arminad
C	If "Yes" is checked, enter the My PAA confirmation number from the					_		(See instru	
		ет воо р	remain ming for this p	ian yea	'			(000 mone	ictionis.)
	rt III   Financial Information		Γ		ı				
7	Plan Assets and Liabilities		(a) Beginning		•		(b) En	d of Year	
<u>a</u>	Total plan assets	7a	36	66460				3484869	
	Total plan liabilities	7b	00	00400				0.40.4000	
	Net plan assets (subtract line 7b from line 7a)	7c		66460		3484869			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		79958					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-1!	91114					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-111156	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		62996					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		7439					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	Fotal expenses (add lines 8d, 8e, 8f, and 8g)						70435	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-181591	
j	j Transfers to (from) the plan (see instructions)								
Pai	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
	Was the plan covered by a fidelity bond?			10c	X			3484	187
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х		010	107
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			170	016
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

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Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A
Part '	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part Annual Report Identification Information 01/01/2018 and ending 12/31/2018 For calendar plan year 2018 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan list of participating employer information in accordance with the form instructions.) A This return/report is for: a foreign plan a one-participant plan B This return/report is the final return/report the first return/report a short plan year return/report (less than 12 months) an amended return/report C Check box if filing under: DFVC program automatic extension Form 5558 special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Stonehouse Signs, Inc. 401(k) Profit Sharing Plan 001 (PN) • 1c Effective date of plan 01/01/1970 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN)84-0329890 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Stonehouse Signs, Inc. 2c Sponsor's telephone number (303)422-23562d Business code (see instructions) 5550 W 60th Ave CO 80003 339900 Arvada 3b Administrator's EIN 3a Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN a Sponsor's name C Plan Name 25 5a 5a Total number of participants at the beginning of the plan year ...... 27 5b **b** Total number of participants at the end of the plan year ..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 24 complete this item) 19 5d(1) d(1) Total number of active participants at the beginning of the plan year ...... 19 5d(2) d(2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were less 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true correct, and complete President Jeff Stone SIĞN

Date

Date

ture of plan administrator

HERE

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can't lift the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo nsurance p	ndent qualified public a tions.) orm 5500-SF and mus orogram (see ERISA se	t instea	ant (IQ d use 021)?	PA) Form	5500. Yes  \[ \] No	X Yes N X Yes N Not determined	lo
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	premium filing for this p	lan yea	<u></u>			. (See instructions.)	)
Pa	rt [] Financial Information		· · · · · · · · · · · · · · · · · · ·						_
7	Plan Assets and Liabilities		(a) Beginning (				(b) End of Year		
<u>a</u>	Total plan assets	7a	3,	666,	160			3,484,86	59
<u>b</u>	Total plan liabilities	7b						0.101.01	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	3,	666,	160			3,484,86	59
8_	Income, Expenses, and Transfers for this Plan Year	14 ABSE	(a) Amoun	t	- 31	ensivity.	(b) T	otal	7,57
а	Contributions received or receivable from:	8a(1)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			e gray mark	
-	(1) Employers	8a(2)		79,	958				
	(2) Participants	8a(3)			6				
b	(3) Others (including rollovers)	8b		191,	114	17.53 A.		Salara Nanas	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				<u></u>	-111,		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	62,996		996				
е	Certain deemed and/or corrective distributions (see instructions)	8e			â				
f	Administrative service providers (salaries, fees, commissions)	8f	7,439		439				
g	Other expenses	8g			100	Joseph Commission Commission			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	A				70,		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-181,5		
j	Transfers to (from) the plan (see instructions)	8j			7				
Pa	t IV Plan Characteristics		<u> </u>						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D	feature c	odes from the List of Pl	an Cha	racteri	stic Co	des in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare t	feature co	des from the List of Pla	n Chara	acterist	tic Cod	les in the instr	uctions:	
Pai	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	√oluntary l	Fiduciary Correction	10a		х			
k	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		Х			
C	C Was the plan covered by a fidelity bond?		10		Х			348,4	87
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		10d		Х				
•	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all o	f the benefits under	10e		Х			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х			

10g

10h

Χ

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

	Form 5500-SF (2018)		Page 3- [					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum fu (Form 5500) and line 11a below)						Ye	es X No
11a	Enter the unpaid minimum required contributions for	or all years from Schedule SE	3 (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the mi ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d,				n 302 of		Ye	es 🛛 No
а	If a waiver of the minimum funding standard for a p granting the waiver.	rior year is being amortized i	n this plan year, see ir		t enter t Day		the letter Year	ruling
lfy	you completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form 5	500), and skip to line	13.				
b	Enter the minimum required contribution for this plan	n year	······································		12b			
С	Enter the amount contributed by the employer to the	<del></del>			12c			
d	Subtract the amount in line 12c from the amount in negative amount)				12d	_		
е	Will the minimum funding amount reported on line	12d be met by the funding de	adline?			Yes	No L	N/A
Part \	VII Plan Terminations and Transfers	of Assets						
13a	Has a resolution to terminate the plan been adopted in	any plan year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	X No	1
	If "Yes," enter the amount of any plan assets that r	everted to the employer this y	/еаг		13a			
b	Were all the plan assets distributed to participants control of the PBGC?						Yes X	No
С	If, during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See in	re transferred from this plan t			) to			
1	3c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3)	PN(s)
	-							